

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 58

For Official Use Only

Statement covers period

from 01/01/2010

through 03/17/2010

Date of election if applicable:
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

Amend to Adjust Schedule A

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
741816

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Association of Health Facilities PAC

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95816</u> | |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | |

OPTIONAL: FAX/E-MAIL ADDRESS
347600 / scarter@eichmancpa.com

Treasurer(s)

NAME OF TREASURER
J. Richard Eichman

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-2280</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Laura Stephen

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>916-442-2280</u> |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/17/2010 By J. Richard Eichman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 58

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 Page 3 of 58 I.D. NUMBER 741816 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$96,319.54 | \$96,319.54 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$96,319.54 | \$96,319.54 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$96,319.54 | \$96,319.54 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|------------|------------|
| 6. Payments Made | Schedule E, Line 4 | \$2,900.00 | \$2,900.00 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$2,900.00 | \$2,900.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$740.70 | \$740.70 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$3,640.70 | \$3,640.70 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|--------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$415,586.99 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$96,319.54 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$2,900.00 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$509,006.53 | |
| If this is a termination statement, Line 16 must be zero. | | | |
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$0.00 | |

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|----------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$740.70 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 4 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Alderwood Manor CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$81.67 | \$408.35 | |
| 2/26/2010 | Alderwood Manor CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$245.01 | \$408.35 | |
| 3/5/2010 | Alderwood Manor CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$81.67 | \$408.35 | |
| 1/4/2010 | Alhambra CH Alhambra, CA 91801 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.83 | \$404.15 | |
| 2/26/2010 | Alhambra CH Alhambra, CA 91801 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$242.49 | \$404.15 | |

SUBTOTAL

Schedule A Summary

| | |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$95,526.84 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$792.70 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$96,319.54 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Alhambra CH Alhambra, CA 91801 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.83 | \$404.15 | |
| 1/4/2010 | Alliance Nrsg & Rehab Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$231.65 | \$579.22 | |
| 2/26/2010 | Alliance Nrsg & Rehab Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$231.66 | \$579.22 | |
| 3/5/2010 | Alliance Nrsg & Rehab Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$115.91 | \$579.22 | |
| 1/4/2010 | Amberwood CH Highland Park, CA 90042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$89.17 | \$356.68 | |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>6</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Amberwood CH Highland Park, CA 90042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$178.34 | \$356.68 | |
| 3/5/2010 | Amberwood CH Highland Park, CA 90042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$89.17 | \$356.68 | |
| 1/4/2010 | Auburn Manor, Inc & GECH, Inc Grass Valley, CA 95945 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$246.66 | \$370.03 | |
| 2/26/2010 | Auburn Manor, Inc & GECH, Inc Grass Valley, CA 95945 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$123.37 | \$370.03 | |
| 1/4/2010 | Belmont Conv Hosp, Inc Belmont, CA 94002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$55.00 | \$165.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Belmont Conv Hosp, Inc Belmont, CA 94002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$110.00 | \$165.00 | |
| 1/4/2010 | Bennett, Bruce Riverside, CA 92506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Care & Rehab Owner | \$263.35 | \$658.36 | |
| 2/26/2010 | Bennett, Bruce Riverside, CA 92506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Care & Rehab Owner | \$263.34 | \$658.36 | |
| 3/5/2010 | Bennett, Bruce Riverside, CA 92506 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Care & Rehab Owner | \$131.67 | \$658.36 | |
| 1/4/2010 | BNCC Inc Blythe, CA 92225 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$160.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
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(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 8 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | BNCC Inc Blythe, CA 92225 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$40.00 | \$160.00 | |
| 3/5/2010 | BNCC Inc Blythe, CA 92225 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$40.00 | \$160.00 | |
| 1/4/2010 | Braswell Family Senior Care Yucaipa, CA 92399 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,836.68 | \$2,225.03 | |
| 2/26/2010 | Braswell Family Senior Care Yucaipa, CA 92399 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$305.85 | \$2,225.03 | |
| 3/5/2010 | Braswell Family Senior Care Yucaipa, CA 92399 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$2,225.03 | |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>9</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Brierwood Terrace CH Los Angeles, CA 90035 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$136.68 | \$136.68 | |
| 2/26/2010 | Brius Palm Springs, CA 92262 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,424.33 | \$3,890.60 | |
| 3/5/2010 | Brius Palm Springs, CA 92262 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$466.27 | \$3,890.60 | |
| 1/4/2010 | Californian-Pasadena CH, The Pasadena, CA 91105 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$68.33 | \$341.65 | |
| 2/26/2010 | Californian-Pasadena CH, The Pasadena, CA 91105 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$136.66 | \$341.65 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 Page <u>10</u> of <u>58</u> I.D. Number 741816 |
| | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Californian-Pasadena CH, The Pasadena, CA 91105 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$136.66 | \$341.65 | |
| 1/4/2010 | Callaway, Del Folsom, CA 95630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Folsom CH Owner | \$165.00 | \$330.00 | |
| 3/5/2010 | Callaway, Del Folsom, CA 95630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Folsom CH Owner | \$165.00 | \$330.00 | |
| 3/5/2010 | Care Associates Inc Hacienda Heights, CA 91745 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$420.00 | \$420.00 | |
| 2/26/2010 | CareMeridian Artesia, CA 90701 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$257.53 | \$1,452.53 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 11 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | CareMeridian Artesia, CA 90701 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,195.00 | \$1,452.53 | |
| 1/4/2010 | Carlmont Gardens Nrsg Cir Belmont, CA 94002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$185.01 | \$308.35 | |
| 2/26/2010 | Carlmont Gardens Nrsg Cir Belmont, CA 94002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$61.67 | \$308.35 | |
| 3/5/2010 | Carlmont Gardens Nrsg Cir Belmont, CA 94002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$61.67 | \$308.35 | |
| 1/4/2010 | Chapman CH, Inc Riverside, CA 92506 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$50.01 | \$174.96 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>12</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Chapman CH, Inc Riverside, CA 92506 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$74.95 | \$174.96 | |
| 3/5/2010 | Chapman CH, Inc Riverside, CA 92506 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$50.00 | \$174.96 | |
| 1/4/2010 | Chase Group, The Reseda, CA 91335 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,344.99 | \$2,689.98 | |
| 2/26/2010 | Chase Group, The Reseda, CA 91335 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,344.99 | \$2,689.98 | |
| 1/4/2010 | Chaya Ctrs Inc El Sobrante, CA 94803 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>13</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Chaya Ctrs Inc El Sobrante, CA 94803 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$250.00 | |
| 2/26/2010 | Cipponeri, Benedict & Angela Modesto, CA 95350 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Evergreen Rehab Center Owner | \$145.83 | \$291.66 | |
| 3/5/2010 | Cipponeri, Benedict & Angela Modesto, CA 95350 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Evergreen Rehab Center Owner | \$145.83 | \$291.66 | |
| 1/4/2010 | Clear View Alzheimers Care Facilities Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$143.33 | \$716.65 | |
| 2/26/2010 | Clear View Alzheimers Care Facilities Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$429.99 | \$716.65 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|---|
| Statement covers period from 01/01/2010 through 03/17/2010 | | CALIFORNIA FORM 460 Page 14 of 58 |
| I.D. Number 741816 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Clear View Alzheimers Care Facilities Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$143.33 | \$716.65 | |
| 1/4/2010 | Coastal LLC Atascadero, CA 93422 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$219.17 | \$683.27 | |
| 2/26/2010 | Coastal LLC Atascadero, CA 93422 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$327.43 | \$683.27 | |
| 3/5/2010 | Coastal LLC Atascadero, CA 93422 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$136.67 | \$683.27 | |
| 1/4/2010 | College Health Enterprises Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$123.34 | \$246.68 | |
| SUBTOTAL | | | | | | |

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 OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>15</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | College Health Enterprises Gardena, CA 90247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$123.34 | \$246.68 | |
| 2/26/2010 | Collingwood Manor Chula Vista, CA 91910 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | |
| 1/4/2010 | Compass Health Inc Arroyo Grande, CA 93420 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$497.50 | \$1,570.00 | |
| 2/26/2010 | Compass Health Inc Arroyo Grande, CA 93420 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$797.50 | \$1,570.00 | |
| 3/5/2010 | Compass Health Inc Arroyo Grande, CA 93420 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$275.00 | \$1,570.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 16 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Covenant Care CA Inc Aliso Viejo, CA 92656 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$800.00 | \$2,000.00 | |
| 2/26/2010 | Covenant Care CA Inc Aliso Viejo, CA 92656 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$800.00 | \$2,000.00 | |
| 3/5/2010 | Covenant Care CA Inc Aliso Viejo, CA 92656 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$2,000.00 | |
| 2/26/2010 | Davidson Res Homes Merced, CA 95340 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$240.00 | \$240.00 | |
| 1/4/2010 | DSI Corporation Ventura, CA 93003 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$320.00 | \$400.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>17</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | DSI Corporation Ventura, CA 93003 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$400.00 | |
| 2/26/2010 | Duke Facilities Inc Stockton, CA 95207 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120.00 | \$120.00 | |
| 1/4/2010 | Elms CH Glendale, CA 91204 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$43.33 | \$173.32 | |
| 2/26/2010 | Elms CH Glendale, CA 91204 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$129.99 | \$173.32 | |
| 1/4/2010 | Emeritus Carlsbad, CA 92008 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$75.00 | \$1,012.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>18</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Emeritus Carlsbad, CA 92008 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$937.50 | \$1,012.50 | |
| 2/26/2010 | Enriching Inc Costa Mesa, CA 92626 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$180.00 | \$180.00 | |
| 2/26/2010 | Exceptional Children's Foundation Culver City, CA 90232 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120.00 | \$120.00 | |
| 1/4/2010 | Fernview CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$125.00 | \$437.50 | |
| 2/26/2010 | Fernview CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$125.00 | \$437.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 19 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Fernview CH San Gabriel, CA 91775 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$187.50 | \$437.50 | |
| 1/4/2010 | Five Star Quality Care Stockton, CA 95204 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$395.04 | \$1,535.92 | |
| 2/26/2010 | Five Star Quality Care Stockton, CA 95204 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$747.51 | \$1,535.92 | |
| 3/5/2010 | Five Star Quality Care Stockton, CA 95204 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$393.37 | \$1,535.92 | |
| 2/26/2010 | Freedom Properties Hemet, CA 92545 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$540.00 | \$540.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>20</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Gassoumis, Linda Lynwood, CA 90262 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marlinda West Owner | \$98.34 | \$147.51 | |
| 2/26/2010 | Gassoumis, Linda Lynwood, CA 90262 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marlinda West Owner | \$49.17 | \$147.51 | |
| 1/4/2010 | Genesis Developmental Svcs Santa Maria, CA 93455 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$20.00 | \$160.00 | |
| 2/26/2010 | Genesis Developmental Svcs Santa Maria, CA 93455 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$140.00 | \$160.00 | |
| 1/4/2010 | Glad Investment Inc Chico, CA 95926 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$247.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>21</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Glad Investment Inc Chico, CA 95926 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$247.50 | |
| 1/4/2010 | Gross CH, Inc Lodi, CA 95240 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$143.34 | \$430.02 | |
| 2/26/2010 | Gross CH, Inc Lodi, CA 95240 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$215.01 | \$430.02 | |
| 3/5/2010 | Gross CH, Inc Lodi, CA 95240 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$71.67 | \$430.02 | |
| 1/4/2010 | Health Care Group Escondido, CA 92026 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$160.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>22</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Health Care Group Escondido, CA 92026 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$160.00 | |
| 1/4/2010 | HealthBridge Children's Hospital Orange, CA 92866 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$45.00 | \$135.05 | |
| 2/26/2010 | HealthBridge Children's Hospital Orange, CA 92866 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$45.05 | \$135.05 | |
| 3/5/2010 | HealthBridge Children's Hospital Orange, CA 92866 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$45.00 | \$135.05 | |
| 3/5/2010 | Hebbel Family San Diego, CA 92111 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$980.00 | \$980.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 23 of 58 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

I.D. Number
741816

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Heffel, Kenneth Lodi, CA 95242 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vienna CH Owner | \$250.00 | \$625.00 | |
| 2/26/2010 | Heffel, Kenneth Lodi, CA 95242 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vienna CH Owner | \$125.00 | \$625.00 | |
| 3/5/2010 | Heffel, Kenneth Lodi, CA 95242 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vienna CH Owner | \$250.00 | \$625.00 | |
| 1/4/2010 | Herman Sanitarium, The San Jose, CA 95125 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| 2/26/2010 | Herman Sanitarium, The San Jose, CA 95125 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 24 of 58 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

I.D. Number

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Herman Sanitarium, The San Jose, CA 95125 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$412.50 | |
| 2/26/2010 | David Hightower Concord, CA 94521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Stonebrook Healthcare Center Owner | \$600.00 | \$1,200.00 | |
| 3/5/2010 | David Hightower Concord, CA 94521 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Stonebrook Healthcare Center Owner | \$600.00 | \$1,200.00 | |
| 2/26/2010 | Hilldale Habilitation La Mesa, CA 91941 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$570.00 | \$570.00 | |
| 1/4/2010 | Jerry & Gormly, Don Holloway Atwater, CA 95301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Anberry Rehab Hosp Owner | \$458.34 | \$982.53 | |

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 25 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Jerry & Gormly, Don Holloway Atwater, CA 95301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Anberry Rehab Hosp Owner | \$449.22 | \$982.53 | |
| 3/5/2010 | Jerry & Gormly, Don Holloway Atwater, CA 95301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Anberry Rehab Hosp Owner | \$74.97 | \$982.53 | |
| 2/26/2010 | Imperial Heights HC & Wellness Ctr Inc Brawley, CA 92227 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$330.00 | \$330.00 | |
| 3/5/2010 | Jan & Gail's Care Homes Inc Tulare, CA 93274 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$360.00 | \$360.00 | |
| 1/4/2010 | Jonbec Care Inc Redlands, CA 92374 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$200.00 | \$600.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 26 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Jonbec Care Inc Redlands, CA 92374 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$300.00 | \$600.00 | |
| 3/5/2010 | Jonbec Care Inc Redlands, CA 92374 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100.00 | \$600.00 | |
| 1/4/2010 | Kennon & Shea & Assoc La Jolla, CA 92037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$777.50 | \$2,717.52 | |
| 2/26/2010 | Kennon & Shea & Assoc La Jolla, CA 92037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,181.68 | \$2,717.52 | |
| 3/5/2010 | Kennon & Shea & Assoc La Jolla, CA 92037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$758.34 | \$2,717.52 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 Page <u>27</u> of <u>58</u> I.D. Number 741816 |
| | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | King Solomon Mgmt Inc Glendale, CA 91201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$88.34 | \$220.85 | |
| 2/26/2010 | King Solomon Mgmt Inc Glendale, CA 91201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$88.34 | \$220.85 | |
| 3/5/2010 | King Solomon Mgmt Inc Glendale, CA 91201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$44.17 | \$220.85 | |
| 1/4/2010 | LC Systems Antioch, CA 94509 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$330.00 | \$495.00 | |
| 2/26/2010 | LC Systems Antioch, CA 94509 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$495.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>28</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Legacy Healthcare Rancho Mirage, CA 92270 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,860.00 | \$2,860.00 | |
| 2/26/2010 | Lifeshouse Health Svcs San Jose, CA 95116 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,788.32 | \$4,234.16 | |
| 3/5/2010 | Lifeshouse Health Svcs San Jose, CA 95116 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,445.84 | \$4,234.16 | |
| 1/4/2010 | Long Beach Care Ctr Long Beach, CA 90815 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$407.49 | \$407.49 | |
| 3/5/2010 | Magnolia Health Corp Delano, CA 93215 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$540.00 | \$540.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>29</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Mark One Corp Turlock, CA 95380 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$293.32 | \$733.30 | |
| 2/26/2010 | Mark One Corp Turlock, CA 95380 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$293.32 | \$733.30 | |
| 3/5/2010 | Mark One Corp Turlock, CA 95380 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$146.66 | \$733.30 | |
| 1/4/2010 | Marquis Companies Pleasant Hill, CA 94523 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$466.66 | \$1,059.15 | |
| 2/26/2010 | Marquis Companies Pleasant Hill, CA 94523 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$316.66 | \$1,059.15 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>30</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Marquis Companies Pleasant Hill, CA 94523 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$275.83 | \$1,059.15 | |
| 1/4/2010 | Millbrae Serra Sanitarium, Inc Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$104.17 | \$312.51 | |
| 2/26/2010 | Millbrae Serra Sanitarium, Inc Millbrae, CA 94030 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$208.34 | \$312.51 | |
| 1/4/2010 | Mission Hills HC Ctr San Diego, CA 92103 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$320.00 | \$560.00 | |
| 2/26/2010 | Mission Hills HC Ctr San Diego, CA 92103 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$160.00 | \$560.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>31</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Mission Hills HC Ctr San Diego, CA 92103 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$560.00 | |
| 1/4/2010 | Monte Vista Care Ctr Inc Upland, CA 91786 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$70.00 | \$140.00 | |
| 2/26/2010 | Monte Vista Care Ctr Inc Upland, CA 91786 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$70.00 | \$140.00 | |
| 1/4/2010 | New Covenant Care of CA Dinuba, CA 93618 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$156.66 | \$313.32 | |
| 2/26/2010 | New Covenant Care of CA Dinuba, CA 93618 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$156.66 | \$313.32 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>32</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | New Orange Hills Inc Orange, CA 92869 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$483.32 | \$724.98 | |
| 2/26/2010 | New Orange Hills Inc Orange, CA 92869 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120.83 | \$724.98 | |
| 3/5/2010 | New Orange Hills Inc Orange, CA 92869 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120.83 | \$724.98 | |
| 2/26/2010 | New Vista Health Svcs Los Angeles, CA 90025 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,370.00 | \$2,370.00 | |
| 1/4/2010 | Noia Residential Svcs, Inc Fresno, CA 93701 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$80.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 33 of 58 |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-----------------------|
| NAME OF FILER California Association of Health Facilities PAC | I.D. Number 741816 |
|--|-----------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Noia Residential Svcs, Inc Fresno, CA 93701 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120.00 | \$200.00 | |
| 2/26/2010 | North American HC Pacifica, CA 94044 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,539.17 | \$5,616.80 | |
| 3/5/2010 | North American HC Pacifica, CA 94044 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,077.63 | \$5,616.80 | |
| 1/4/2010 | Oakview Inc Tujunga, CA 91042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$40.83 | \$204.15 | |
| 2/26/2010 | Oakview Inc Tujunga, CA 91042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$122.49 | \$204.15 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 34 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Oakview Inc Tujunga, CA 91042 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$40.83 | \$204.15 | |
| 1/4/2010 | Parkway Hills Nrsg & Rehab La Mesa, CA 91942 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$50.00 | \$125.00 | |
| 2/26/2010 | Parkway Hills Nrsg & Rehab La Mesa, CA 91942 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$50.00 | \$125.00 | |
| 3/5/2010 | Parkway Hills Nrsg & Rehab La Mesa, CA 91942 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$25.00 | \$125.00 | |
| 1/4/2010 | Pater Dignitas Inc Monterey, CA 93940 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$247.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>35</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Pater Dignitas Inc Monterey, CA 93940 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$247.50 | |
| 1/4/2010 | Penn Mar Therapeutic Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$75.00 | \$225.00 | |
| 2/26/2010 | Penn Mar Therapeutic Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$75.00 | \$225.00 | |
| 3/5/2010 | Penn Mar Therapeutic Ctr El Monte, CA 91732 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$75.00 | \$225.00 | |
| 2/26/2010 | Plott Family Care Ctrs San Bernardino, CA 92404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,291.68 | \$1,937.52 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 36 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Plott Family Care Ctrs San Bernardino, CA 92404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$645.84 | \$1,937.52 | |
| 2/26/2010 | Plum HC Group Modesto, CA 95350 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,447.46 | \$4,905.79 | |
| 3/5/2010 | Plum HC Group Modesto, CA 95350 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,458.33 | \$4,905.79 | |
| 1/4/2010 | Premier BH Beverly Hills, CA 90211 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,083.32 | \$3,051.64 | |
| 2/26/2010 | Premier BH Beverly Hills, CA 90211 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,509.98 | \$3,051.64 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 37 of 58 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

I.D. Number
741816

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Premier BH Beverly Hills, CA 90211 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$458.34 | \$3,051.64 | |
| 1/4/2010 | Price, William A. San Francisco, CA 94107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mission Bay CH Owner | \$41.67 | \$125.01 | |
| 2/26/2010 | Price, William A. San Francisco, CA 94107 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mission Bay CH Owner | \$83.34 | \$125.01 | |
| 1/4/2010 | Priority HC Management Lompoc, CA 93436 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$165.00 | |
| 1/4/2010 | Progressive HC Loma Linda, CA 92354 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$522.50 | \$1,845.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 38 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Progressive HC Loma Linda, CA 92354 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,232.17 | \$1,845.50 | |
| 3/5/2010 | Progressive HC Loma Linda, CA 92354 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$90.83 | \$1,845.50 | |
| 1/4/2010 | Riverside HC Sacramento, CA 95822 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$789.99 | \$2,168.14 | |
| 2/26/2010 | Riverside HC Sacramento, CA 95822 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$716.73 | \$2,168.14 | |
| 3/5/2010 | Riverside HC Sacramento, CA 95822 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$661.42 | \$2,168.14 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>39</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Rollins-Nelson HC Long Beach, CA 90815 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$735.00 | \$2,627.49 | |
| 2/26/2010 | Rollins-Nelson HC Long Beach, CA 90815 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,477.49 | \$2,627.49 | |
| 3/5/2010 | Rollins-Nelson HC Long Beach, CA 90815 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$415.00 | \$2,627.49 | |
| 1/4/2010 | Ross, James S. & Richard D. Morgan Hill, CA 95038 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hillview CH Owner | \$86.66 | \$130.04 | |
| 2/26/2010 | Ross, James S. & Richard D. Morgan Hill, CA 95038 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hillview CH Owner | \$43.38 | \$130.04 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>40</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Royale CH Santa Ana, CA 92707 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$415.05 | \$415.05 | |
| 1/4/2010 | Shea, Roger Ventura, CA 93003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ventura CH Owner | \$59.17 | \$295.85 | |
| 2/26/2010 | Shea, Roger Ventura, CA 93003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ventura CH Owner | \$177.51 | \$295.85 | |
| 3/5/2010 | Shea, Roger Ventura, CA 93003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ventura CH Owner | \$59.17 | \$295.85 | |
| 1/4/2010 | Sherwood Oaks Ent, Inc Fort Bragg, CA 95437 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$131.65 | \$197.48 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>41</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | Sherwood Oaks Ent, Inc Fort Bragg, CA 95437 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$65.83 | \$197.48 | |
| 3/5/2010 | Shields Nrsg Ctr El Cerito, CA 94530 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$214.90 | \$214.90 | |
| 3/5/2010 | Skilled HC Sherman Oaks, CA 91403 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$833.24 | \$833.24 | |
| 1/4/2010 | SmithCare Inc Lindsay, CA 93247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$263.34 | \$658.35 | |
| 2/26/2010 | SmithCare Inc Lindsay, CA 93247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$263.34 | \$658.35 | |
| SUBTOTAL | | | | | | |

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 42 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | SmithCare Inc Lindsay, CA 93247 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$131.67 | \$658.35 | |
| 2/26/2010 | SNF Management West Hollywood, CA 90069 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$5,000.00 | \$6,500.00 | |
| 3/5/2010 | SNF Management West Hollywood, CA 90069 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$6,500.00 | |
| 1/4/2010 | SR Management Svcs Hayward, CA 94544 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$375.01 | \$615.85 | |
| 2/26/2010 | SR Management Svcs Hayward, CA 94544 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$240.84 | \$615.85 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 43 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | St Anthony/St. Christopher Hayward, CA 94541 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$140.00 | \$195.00 | |
| 2/26/2010 | St Anthony/St. Christopher Hayward, CA 94541 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$55.00 | \$195.00 | |
| 1/4/2010 | St Claire's Nrsg Ctr Inc Sacramento, CA 95823 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$412.50 | |
| 2/26/2010 | St Claire's Nrsg Ctr Inc Sacramento, CA 95823 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| 3/5/2010 | St Claire's Nrsg Ctr Inc Sacramento, CA 95823 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from 01/01/2010 | | CALIFORNIA FORM 460 |
| through 03/17/2010 | | |
| Page 44 of 58 | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Facilities PAC

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2010 | SunBridge HC Corp Irvine, CA 92612 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,218.26 | \$4,436.60 | |
| 3/5/2010 | SunBridge HC Corp Irvine, CA 92612 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,218.34 | \$4,436.60 | |
| 1/4/2010 | Sunrise Senior Lvg Northridge, CA 91325 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$49.17 | \$665.01 | |
| 2/26/2010 | Sunrise Senior Lvg Northridge, CA 91325 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$86.67 | \$665.01 | |
| 3/5/2010 | Sunrise Senior Lvg Northridge, CA 91325 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$529.17 | \$665.01 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>45</u> of <u>58</u> |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Swan Care Ltd Garden Grove, CA 92843 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$247.56 | |
| 2/26/2010 | Swan Care Ltd Garden Grove, CA 92843 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.06 | \$247.56 | |
| 3/5/2010 | Telecare Corporation Alameda, CA 94501 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,360.00 | \$1,360.00 | |
| 1/4/2010 | Totally Kids/Mtn View Child Care Sun Valley, CA 91352 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$198.34 | \$495.85 | |
| 2/26/2010 | Totally Kids/Mtn View Child Care Sun Valley, CA 91352 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$198.34 | \$495.85 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 46 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/5/2010 | Totally Kids/Mtn View Child Care Sun Valley, CA 91352 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$99.17 | \$495.85 | |
| 3/5/2010 | Town and Country Manor Santa Ana, CA 92706 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$950.00 | \$950.00 | |
| 3/5/2010 | Tranquility Inc Concord, CA 94518 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$316.54 | \$316.54 | |
| 2/26/2010 | United Health Systems Inc Woodland, CA 95695 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$233.34 | \$233.34 | |
| 2/26/2010 | Universal Health Svcs Corona, CA 92879 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$300.00 | \$300.00 | |
| SUBTOTAL | | | | | | |

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | | CALIFORNIA FORM 460 |
| Page <u>47</u> of <u>58</u> | | |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Vernon CH Inc Los Angeles, CA 90037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| 2/26/2010 | Vernon CH Inc Los Angeles, CA 90037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$165.00 | \$412.50 | |
| 3/5/2010 | Vernon CH Inc Los Angeles, CA 90037 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$82.50 | \$412.50 | |
| 1/4/2010 | Westline Medical Mgmt Alameda, CA 94501 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$399.18 | \$952.50 | |
| 2/26/2010 | Westline Medical Mgmt Alameda, CA 94501 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$553.32 | \$952.50 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 48 of 58 |
| NAME OF FILER California Association of Health Facilities PAC | | I.D. Number 741816 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | Zarcone, Mike Saratoga, CA 95070 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sub-Acute Saratoga Hospital Owner | \$63.34 | \$126.68 | |
| 2/26/2010 | Zarcone, Mike Saratoga, CA 95070 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sub-Acute Saratoga Hospital Owner | \$63.34 | \$126.68 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | \$95,526.84 | | |

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

Page 49 of 58

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

I.D. NUMBER
741816

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 |
| | Page 50 of 58 |
| I.D. Number 741816 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|---|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 Page 51 of 58 I.D. Number 741816 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/29/2010 | California Association of Health Facilities Admin (CAHF) Sacramento, CA 95816 Memo Reference: NON19660 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Accounting Services | \$728.28 | \$1,460.40 | |
| 3/12/2010 | California Association of Health Facilities Admin (CAHF) Sacramento, CA 95816 Memo Reference: NON19877 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Accounting Services | \$732.12 | \$1,460.40 | |
| | | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | | | | |
| | | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,460.40

Schedule C Summary

- | | |
|--|---------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$0.00 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$0.00 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|-----------------------|--|
| Statement covers period | | SCHEDULE D | |
| from | 01/01/2010 | CALIFORNIA FORM 460 | |
| through | 03/17/2010 | Page 52 of 58 | |
| | | I.D. NUMBER 741816 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 2/25/2010 | Payee Name: Friends of Bill Emmerson for Senate 2012 Candidate Name: Bill Emmerson State Senator District 31 Jurisdiction: Senate | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,900.00 | \$1,900.00 | 2012P: \$3,900.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 2/25/2010 | Payee Name: Dennis Hollingsworth Officeholder Account Senate 2006 Candidate Name: Dennis Hollingsworth State Senator District 36 Jurisdiction: Senate | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Officeholder Account | \$1,000.00 | \$1,000.00 | 2010O: \$1,000.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$2,900.00

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) **\$2,900.00**
- Unitemized contributions and independent expenditures made this period of under \$100 **\$0.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$2,900.00**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 |
| | Page 53 of 58 |
| | I.D. NUMBER 741816 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Friends of Bill Emmerson for Senate 2012 Oakdale, CA 95361 | CTB | | | \$1,900.00 |
| Committee ID: 1314232 | | | | |
| Dennis Hollingsworth Officeholder Account Senate 2006 Sacramento, CA 95814 | CTB | | Officeholder Account | \$1,000.00 |
| Committee ID: 1295868 | | | | |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$2,900.00

Schedule E Summary

| | |
|--|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$2,900.00 |
| 2. Unitemized payments made this period of under \$100. | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$2,900.00 |

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

Page 54 of 58

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

I.D. NUMBER
741816

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| J. Richard Eichman, CPA Sacramento, CA 95814 | PRO | \$0.00 | \$740.70 | \$0.00 | \$740.70 |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$0.00 \$740.70 \$0.00 \$740.70

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$740.70
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$740.70
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

I.D. NUMBER
741816

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 |
| | Page 56 of 58 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

I.D. NUMBER
741816

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | | SUBTOTALS | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2010

through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Facilities PAC

I.D. NUMBER
741816

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$00
- Unitemized increases to cash under \$100 this period..... \$00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

All Contributions made to this committee were received through an intermediary: California Association of Health Facilities; PO Box 537004; Sacramento; CA; 95853

Memo Reference: NON19660

Reported pursuant to 2 Cal. Code of Regulations Section 18215(c)(16) and 18419(c)

Memo Reference: NON19877

Reported pursuant to 2 Cal. Code of Regulations Section 18215(c)(16) and 18419(c)
